

## **CITY OF HIALEAH**

## WORKMAN'S COMPENSATION MEDICAL AUTHORIZATION

| Hospital/Emergency Room, Clin     | ic or Urgent Care:          |                   |                |
|-----------------------------------|-----------------------------|-------------------|----------------|
| Address of Location:              |                             |                   |                |
| Name of Employee                  | Job Title                   | Date              | of Injury Time |
| Nature of Occurrence:             |                             |                   |                |
| Department Head/Supervisor        | Title                       | Date              | Time           |
| Description of injury/Illness:    | MEDICAL USE                 | = '               |                |
| Hospitalization Admission:        | Yes or No.                  |                   |                |
| Treated and Release to work: _    | OOW Lig                     | ht Duty or Ful    | l Duty         |
| If is Light Duty what restriction | s:                          |                   |                |
| Future Treatment, if yes: Specif  | y treatment plan and next o | office visit      |                |
| Referral to another Physician: _  | Yes or No. If yes           | s what specialty: |                |
| Physician Signature               | Title                       |                   | Date           |

## RETURN TO DEPARTMENT HEAD/SUPERVISOR AND RISK MANAGEMENT VIA EMPLOYEE.

**Note to Physician:** 

The City desires to provide limited work for those employees who are injured and are capable of doing jobs other than their normally assigned work. It is requested that the physicians specify in as much detail as possible, the work restrictions of an injured employee to perform other work. The more specific the physician's comments the better the City can provide duties for the employee commensurate with limitations.

ALL MEDICAL BILLS NEED TO BE SUBMITTED TO: SEDGWICK CLAIMS MANAGEMENT SERVICES, INC. P.O.BOX 14511 LEXINGTON, KY 40512-4511